U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

ins o			
1 File Number U 10316	2 Fiscal Year Covered From		
,	1 / 1 / 238 9 Through 13 / 31/09		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Hastell & Rouda	Name Plumber & Steenfiller Sixal 198		
	Labor Organization File Number 0036/8		
PO Box Bldg Room No if any	P O Box Building and Room Number if any		
Street 3/8 Bellewood De	Street 5888 Philips Day		
City Baten Bouge	City Faton Douge		
State 2 ZIP Code +4 //0806	State ZIP Code + 4 /000		
5 Position in labor organization	33 GJL		
Let the tent of th			
Enter appropriate data below if during the past fiscal year you or your epouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of interest, Transaction or Income		
Name Name	, *		
Trade Name If any	7 ²		
PO Box Bldg Room No If any			
	7 b Amount.		
Street			
City Control of the c	7 3 M Mrs or rice. * Fra		
State ZIP Code + 4uf 3 7 7 7 7	r cc c a representation of the contraction of the c		
Fag Ha. 14 Pellon in the Africa Your on Siduatine 168 1 Ind 1778 SC AS 1702 11.2 E.A. 17 E. C. 1.3			
15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)			
31 Signed Hankelen Bourgles	on 8-11-05 225 3563333		
, · · •	Date Telephone Number		

Form LM 30 (2003)

Name of Person Filing 4/AS/c1/ 7) Dougle	A-S	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name	9 Business deals with a Labor Organizar b Trust c Employer Scutt 6 I D	tion	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deali		
Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DINNER	AFTER BOARS &	
Trade Name if any	TRUSTEOS	neline	
PO Box Bidg Room No If any			
Street	11 b Approximate dollar valu	ue of suco dealing	
City	12 a Nature of interest hel		
State ZIP Code + 4			
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment.	* * * * * * * * * * * * * * * * * * * *	
Name			
Trade Name if any	t has to	The state of the s	
P O Box Bldg Room No if any	•	\$ 2. 45°	
Street	State St.	the second to	
2 4. mg. 2.	\$ \$200 \$	The was to be a fact of the same of the sa	
State ZIP Code + 4			
	14 b Amount of payment.		